



IN THE _____ JUDICIAL CIRCUIT, _____, MISSOURI

Motion for Renewal of Full Order of Protection - Child

Use this form when two to five children are involved with this case. Use CP25 for one child and CP26 for six to ten children.

Judge or Division:	Case Number:
	Court ORI Number:
Petitioner:	MSHP Number:
Protected Child 1:	Responsible Law Enforcement ORI:
Age of Protected Child:	Related Cases:
Sex: <input type="checkbox"/> F <input type="checkbox"/> M Race:	(Date File Stamp)
Protected Child 2:	Protected Child's Relationship to Respondent pursuant to 18 U.S.C. §§ 921(a)(32) and 922(g)(8) determination:
Age of Protected Child:	Protected Child's Relationship to Respondent (Child 1):
Sex: <input type="checkbox"/> F <input type="checkbox"/> M Race:	<input type="checkbox"/> Child <input type="checkbox"/> Step-Child or Former Step-Child
Protected Child 3:	<input type="checkbox"/> Parent is Unmarried, Intimate Residing/Resided with Respondent
Age of Protected Child:	<input type="checkbox"/> Other (specify) _____
Sex: <input type="checkbox"/> F <input type="checkbox"/> M Race:	Protected Child's Relationship to Respondent (Child 2):
Protected Child 4:	<input type="checkbox"/> Child <input type="checkbox"/> Step-Child or Former Step-Child
Age of Protected Child:	<input type="checkbox"/> Parent is Unmarried, Intimate Residing/Resided with Respondent
Sex: <input type="checkbox"/> F <input type="checkbox"/> M Race:	<input type="checkbox"/> Other (specify) _____
Protected Child 5:	Protected Child's Relationship to Respondent (Child 3):
Age of Protected Child:	<input type="checkbox"/> Child <input type="checkbox"/> Step-Child or Former Step-Child
Sex: <input type="checkbox"/> F <input type="checkbox"/> M Race:	<input type="checkbox"/> Parent is Unmarried, Intimate Residing/Resided with Respondent
	<input type="checkbox"/> Other (specify) _____
vs.	Protected Child's Relationship to Respondent (Child 4):
Respondent:	<input type="checkbox"/> Child <input type="checkbox"/> Step-Child or Former Step-Child
Alias/Nicknames:	<input type="checkbox"/> Parent is Unmarried, Intimate Residing/Resided with Respondent
	<input type="checkbox"/> Other (specify) _____
Respondent's DOB:	Protected Child's Relationship to Respondent (Child 5):
SSN (if known, last four digits):	<input type="checkbox"/> Child <input type="checkbox"/> Step-Child or Former Step-Child
	<input type="checkbox"/> Parent is Unmarried, Intimate Residing/Resided with Respondent
	<input type="checkbox"/> Other (specify) _____
	Respondent's Home Address:
	Home Phone Number:
	Respondent's Work Address:
	Work Phone Number:
	Work Hours:

The ☐ Party ☐ Guardian Ad Litem ☐ Court Appointed Special Advocate requests that the court renew the Full Order of Protection - Child that was issued against Respondent on _____ (date) and terminates on _____ (date).

- ☐ The expiration of the full order will place the protected child(ren) in an immediate and present danger of domestic violence, stalking, or sexual assault.
- ☐ The circumstances forming the basis for the initial order continue to exist.
- ☐ The following incidents of domestic violence, stalking, or sexual assault have occurred since the date the petition was filed:
- ☐ Other reasons:

Pursuant to section 455.516, RSMo, the ☐ Party ☐ Guardian Ad Litem ☐ Court Appointed Special Advocate requests that the court renew the Full Order of Protection - Child for at least 180 days and not more than one year. A finding by the court of a subsequent act of abuse is not required for a renewal order of protection.

I swear/affirm under penalty of perjury that these facts are true according to my best knowledge and belief.

NOTICE: Section 455.510.3, RSMo, provides that a Petitioner seeking protection under the Child Protection Orders Act is not required to reveal any current address or place of residence of the child(ren) on this motion. **Do not provide this information if doing so will endanger the child(ren).**

Date

Movant's Signature

Address (Optional)

City, State and Zip

Telephone

Attorney's Name, Missouri Bar No., if Applicable

Address

City, State and Zip

Telephone